## Image# 11930676985 FEC FORM 2 STATEMENT OF CANDIDACY

| 1. (a) Name of Ca                                                                                                                                         | ndidate                                                                                                  | (in full)   |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------|----------------------------|----------------|------------------|----------------|-----------------|--------------------------|------------|---------|----|---|----------------|--|--|
| Hon. Timothy L                                                                                                                                            |                                                                                                          |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| (b) Address (n                                                                                                                                            |                                                                                                          | nd street)  | ☐ Check if address changed |                |                  |                |                 | 2. Identification Number |            |         |    |   |                |  |  |
| 6769 Teachout                                                                                                                                             |                                                                                                          | 2 Codo      |                            |                |                  |                | H4M<br>3. Is Th |                          | 03         |         |    |   |                |  |  |
| (c) City, State and ZIP Code Tipton                                                                                                                       |                                                                                                          |             | MI                         |                |                  | 9807           | State           |                          | nt 🗌       | New (N) | OR | X | Amended<br>(A) |  |  |
| Party Affiliation                                                                                                                                         |                                                                                                          |             | 5. Office So               |                |                  | 6. State & Dis | strict of Ca    | andic                    | late       | (14)    | On |   | (^)            |  |  |
| REPUBLICAN                                                                                                                                                | PARTY                                                                                                    |             | House MI 07                |                |                  |                |                 | ariaic                   | acic       |         |    |   |                |  |  |
|                                                                                                                                                           |                                                                                                          |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
|                                                                                                                                                           |                                                                                                          | DE          | SIGNATIO                   | ON OF PRIN     | ICIPAL CA        | AMPAIGN        | COMMI           | TTE                      | Ε          |         |    |   |                |  |  |
| 7. I hereby designat                                                                                                                                      | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| NOTE:This de                                                                                                                                              | signatio                                                                                                 | n should be | filed with the             | appropriate of | fice listed in t | he instruction | S.              |                          |            |         |    |   |                |  |  |
| (a) Name of Committee (in full)                                                                                                                           |                                                                                                          |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| Walberg fo                                                                                                                                                | Walberg for Congress                                                                                     |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| (b) Address (number and street)                                                                                                                           |                                                                                                          |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| PO Box 13                                                                                                                                                 | 62                                                                                                       |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| (c) City, State                                                                                                                                           | and ZII                                                                                                  | P Code      |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| Jackson MI 49204-1362                                                                                                                                     |                                                                                                          |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
|                                                                                                                                                           |                                                                                                          | DE          | SIGNATIO                   | N OF OTH       | FR AUTH          | ORIZED C       | СММІТ           | TFF                      | FS         |         |    |   |                |  |  |
|                                                                                                                                                           |                                                                                                          |             |                            | (Including Joi |                  |                |                 |                          |            |         |    |   |                |  |  |
|                                                                                                                                                           |                                                                                                          |             |                            | (              |                  | 9 - 1          | ,               |                          |            |         |    |   |                |  |  |
| 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. |                                                                                                          |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| NOTE: This designation should be filed with the principal campaign committee.                                                                             |                                                                                                          |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| (a) Name of Committee (in full)                                                                                                                           |                                                                                                          |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| Great Eigh                                                                                                                                                | t Comm                                                                                                   | ittee       |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| (b) Address (n                                                                                                                                            | umber a                                                                                                  | nd street)  |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| 228 S Washington Street Suite 115                                                                                                                         |                                                                                                          |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| (c) City, State                                                                                                                                           | and ZIP                                                                                                  | Code        |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| Alexandria                                                                                                                                                |                                                                                                          |             | 22                         | 314-5404       |                  |                |                 |                          |            |         |    |   |                |  |  |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.                               |                                                                                                          |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| Signature of Candidate                                                                                                                                    |                                                                                                          |             |                            |                |                  |                |                 | Date                     |            |         |    |   |                |  |  |
| Hon. Timothy L. Walberg                                                                                                                                   |                                                                                                          |             |                            |                |                  |                |                 |                          | 04/15/2011 |         |    |   |                |  |  |
|                                                                                                                                                           |                                                                                                          |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
| NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§437g.               |                                                                                                          |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
|                                                                                                                                                           |                                                                                                          |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
|                                                                                                                                                           |                                                                                                          |             |                            |                |                  |                |                 |                          |            |         |    |   |                |  |  |
|                                                                                                                                                           |                                                                                                          |             |                            |                |                  | 1              | 1               |                          |            |         | l  |   |                |  |  |

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